

**Procedures and services
requiring prior authorization**

Multnomah County

Valid as of 1/1/19

Services requiring prior authorization	
Urgent/Emergent Admission	All urgent/emergent admissions to an inpatient facility requires notification to Moda Health within 48 hours of admission and must meet the definition of an "emergency medical condition"
Inpatient Elective Admissions	Prior authorization is required for all inpatient elective admissions to an acute care facility
Skilled Nursing	Prior authorization is required prior to patient admission
Inpatient Rehabilitation Facility	Prior authorization is required prior to patient admission
Long Term Acute Care	Prior authorization is required prior to patient admission
Transplants	Prior authorization is required for the transplant evaluation and the transplant event
Advanced Imaging/Echocardiography and Musculoskeletal services (Pain/Joint/Spine began 1/1/2019) - performed by eviCore	Prior Authorization is obtained through www.evicore.com . Lists of all the programs and procedure codes requiring prior authorization are located at: https://www.modahealth.com/medical/utilizationmanagement.shtml
Specialty Drugs	Contact WellDyne RX for authorization 1-888-479-2000 PO Box 3129 Englewood, CO 80155
Self-injectable Drugs	Contact Moda Health for Authorization for medications that would be billed through the medical plan.
Clinical Trials	Prior authorization is required for participation in a clinical trial. The trial number, chart notes, protocol and signed consent should be sent for review by the Medical Director
Therapies: For authorizations regarding intensive outpatient rehabilitation for the treatment of autism spectrum disorder or neurodevelopmental conditions, please contact Moda Health for	Reviewed for medical necessity by Moda Health - do NOT send requests to eviCore
Therapeutic Drug Monitoring (Urine Drug Testing) (G0477, G0478, G0479, G0480, G0481, G0482, G0483) New codes for presumptive UDT as of 1/1/17: 80305, 80306, 80307	All requests for intensive outpatient therapy for treatment of ASD/neurodevelopmental conditions are reviewed by Moda Health Prior authorization is NOT required but will be reviewed with claim submission for medical necessity and appropriate codes. Limits of 12 presumptive and 12 definitive apply as of 6/1/16. Please refer to Moda Health Medical Necessity Criteria for Therapeutic Drug Monitoring.
Durable Medical Equipment	CMS guidelines are applied for prior authorization unless otherwise stated in Moda Health criteria. DME requests \$500 or more require prior authorization or may be reviewed for medical necessity upon claim submission. Specific codes listed below require prior authorization. You can help your patients save money with the voluntary option of ordering supplies through a preferred DME provider. Our preferred providers have agreed to the best contracted rates and may help new and recurring DME users save money on their orders. Just follow these easy steps to help your patients find a preferred DME provider: 1. Simply call Moda Medical Customer Service at 877-605-3229. 2. Or you can go to modahealth.com and choose Find Care. 3. Search as a guest and select the "Durable Medical Equipment" option under the Specialty drop-down menu. 4. Enter the patient's ZIP code and Search. This will bring up the list of DME providers. Preferred providers will have a DME badge icon next to the networks where they are available. 5. Your patient can contact a preferred DME provider to discuss their DME needs. Important change for Individual plan members Effective Jan. 1, 2019, all Exclusive Provider Organization (EPO) plans will have no out-of-network coverage. It is important that you refer these patients to a contracted DME provider that is in-network. A patient with recurring DME needs who is already set up with standard or automated billing with a provider can change the recurring prescription to a preferred DME provider. To do so, they must contact their current DME provider and the preferred DME provider to request the change.
Unlisted or unclassified codes	Prior authorization is not required but will be reviewed with claim submission for medical necessity.
Nutritional Counseling - 97802, 97803, 97804	Reviewed for plan benefit availability and/or behavioral or medical necessity

Description	CPT/HCPC Codes	Instructions				
Mental health and chemical dependency prior authorizations						
Inpatient Mental Health		MHMNC - Inpatient Mental Health. (Contact Moda within two days of an emergency admission)				
Inpatient Chemical Dependency	H0011	ASAM				
Residential Mental Health	H0010, H0017, H0018, H0019	MHMNC - Residential Mental Health				
Residential Chemical Dependency	H0011, H0012, H0013	ASAM				
Partial Hospital Program Mental Health	H0035	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs				
Partial Hospitalization Chemical Dependency	H0035	ASAM				
Intensive Outpatient Treatment-- Mental Health	S9480	MHMNC - Psych Partial Hospital and Intensive Outpatient Programs				
Behavior identification assessment and Adaptive behavior treatment	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	New code as of 1/1/19- Requires medical necessity review				
Applied Behavioral Analysis	0359T, 0360T, 0361T, 0362T, 0363T, 0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0370T, 0371T, 0372T, 0373T, 0374T New code as of 1/1/18: 97127	MHMNC - Applied Behavioral Analysis				
Transcranial Magnetic Stimulation	90867, 90868, 90869	MHMNC - Transcranial Magnetic Stimulation				
Nutritional Counseling for Eating Disorders	97802, 97803, 97804	MHMNC - Nutrition Therapy for Eating Disorders and Member Handbook Language for nutritional				
Medical/Surgical Services Prior Authorization List			Drugs on WellDyneRX PA list	Moda Medical/ WellDyne RX Pharmacy	If PBM in this column members can fill through WellDyne Rx.	Limited Distribution Drug (LDD)
Description	CPT/HCPC Codes	Instructions				
Abraxane	J9264	Requests for the authorization of this drug is provided by Moda. MHMNC Abraxane		Medical		
Actemra (Tocilizumab)	J3262	Requests for the authorization of this drug is provided by Moda.	Y	Both	PBM	
ACTHAR HP	J0800	Requests for the authorization of this drug is provided by Moda. MHMNC Acthar HP	Y	Both	PBM	LDD
Adcetris (Brentuximab)	J9042	Requests for the authorization of this drug is provided by Moda. MHMNC Adcetris (Brentuximab)	Y	Both	PBM	LDD
Advanced Imaging (MRI, MRA, CT, CTA) for authorizations as of 4/1/2017.	eviCore Advanced Imaging code list	Requests for advanced imaging are being performed by eviCore at www.eviCore.com				
Air Transport - Non-emergent	A0430, A0431, A0435, A0436	Requires review by Medical Director				
Airway Clearance Devices / Chest Percussors / Vest / Intrapulmonary Percussive Ventilation	A7025, A7026, E0480, E0481, E0482, E0483, E0484, E0656, E0657	MHMNC for High Frequency Chest Wall Oscillation Devices				
Akynzeo - (fosnetupitant/palonosetron)	J1454 - new code as of 1/1/19 C9033 (Facility only)	Requests for the authorization of this drug is provided by Moda. MHMNC Akynzeo	Y	Both	PBM	
Allergy Testing - RAST and ALCAT	82785, 86003, 86005, 86008 New code as of 1/1/18: 86008	MHMNC Allergy Testing - Blood Not covered - 86001 83516, 86849 if for ALCAT testing				
Aldurazyme	J1931	Requests for the authorization of this drug is provided by Moda. MHMNC Aldurazyme (laronidase)	Y	Both	PBM	LDD
Alimta	J9305	Requests for the authorization of this drug is provided by Moda. MHMNC Alimta		Both		
Aliqopa (copanlisib)	J9057 - New code as of 1/1/19 New code as of 7/1/18 - facility only C9030	Requests for the authorization of this drug is provided by Moda. MHMNC Aliqopa effective 11/1/17	Y	Both		LDD
Alpha 1 Proteinase Inhibitors - (Glassia®, Aralast NP®, Prolastin®, Prolastin - C®, Zemaira®)	J0256, J0257	Requests for the authorization of this drug is provided by Moda. MCG A-0468 Alpha 1 Proteinase Inhibitor MHMNC Alpha-1 Proteinase Inhibitor effective 1/1/17	Y	Both	PBM	LDD
Artificial Disc Replacement	0092T, 0095T 0098T, 0163T, 0164T, 0165T, 22856, 22857, 22858, 22861, 22862, 22864, 22865, 0375T	MHMNC Intervertebral Disc Prosthesis				

Description	CPT/HCPC Codes	Instructions				
Arthroscopy (other than knee)	29805, 29806, 29807, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29870, 29874, 29875, 29876, 29877, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29892, 29893, 29894, 29895, 29897, 29898, 29900, 29901, 29902, 29904, 29905, 29906, 29907, 29999, G0289, S2112	Prior authorization via eviCore				
Arzerrz (Ofatumumab)	J9302	Requests for the authorization of this drug is provided by Moda. MHMNC Arzerrz (Ofatumumab)		Both	PBM	LDD
Auditory Brainstem Implant (ABI)	S2230, S2235	MHMNC Cochlear Implants and Auditory Brainstem Implants				
Avastin (Bevacizumab)	J9035 J7999 (Intravitreal use only) Q5107- new code as of 1/1/19	Requests for the authorization of this drug is provided by Moda.	Y	Both	PBM	
Balloon Sinuplasty	31295, 31296, 31297 New code as of 1/1/2018: 31298	Require prior authorization as of 7/1/2017. MHMNC Sinus Surgery				
Bavencio (avelumab)	New code as of 1/1/2018: J9023 J9999 C9491 - Facility Only code	Requests for the authorization of this drug is provided by Moda. MHMNC Bavencio (avelumab) - New effective 7/1/2017	Y	Both	PBM	LDD
Beleodaq (Belinostat)	J9032	Requests for the authorization of this drug is provided by Moda. Other groups contact Moda Health for authorization. MHMNC Beleodaq (Belinostat) - New effective 7/1/16		Medical		LDD
Bendeka (Bendamustine)	J9034	Requests for the authorization of this drug is provided by Moda. MHMNC Bendeka (bendamustine) - New effective 10/1/2016	Y	Both	PBM	LDD
Benlysta (Belimumab)	Q2044, J0490	Requests for the authorization of this drug is provided by Moda. MHMNC Benlysta (Belimumab)	Y	Both	PBM	LDD
Berinert (C-1 Esterase Inhibitor)	J0597	As of 1/1/2016 - Requests for the authorization of this drug is provided by Moda. MHMNC Berinert (C-1 Esterase Inhibitor)	Y	Both	PBM	LDD
Besponsa (inotuzumab ozogamicin) - effective 11/1/2017	J9229 - New code as of 1/1/19	Requests for the authorization of this drug is provided by Moda. MHMNC Besponsa effective 11/1/17	Y	Both	PBM	
Blepharoplasty and Brow Lift	15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908	MHMNC Blepharoplasty and Brow Ptosis Criteria CPT codes 15820, 15821, and 18524 are considered cosmetic and not covered.				
Blinicyto (Blinatumomab) New	J9039	Requests for the authorization of this drug is provided by Moda. Blinicyto (Blinatumomab)	Y	Both	PBM	
Bone Growth Stimulators, Ultrasound and Electric	E0747, E0748	MHMNC Bone Growth Stimulators, Ultrasonic MHMNC Bone Growth Stimulators, Electrical				
Botox Injections (OnabotulinumtoxinA, AbobotulinumtoxinA, RimabotulinumtoxinB, and IncobotulinumtoxinA)	J0585, J0586, J0587, J0588	As of 1/1/2016 - Requests for the authorization of this drug is provided by Moda. MHMNC Botox (OnabotulinumtoxinA), Dysport (AbobotulinumtoxinA), Myobloc (RimabotulinumtoxinB), or Xeomin (IncobotulinumtoxinA)	Y	Both	PBM	
BRCA Gene Mutation Testing	81211, 81212, 81213, 81214, 81215, 81216, 81217 New codes as of 1/1/16 81162 New codes as of 1/1/19 81163, 81164, 81165, 81166, 81167	MCG A-0499 Breast and Ovarian Cancer, Hereditary BRCA 1 and BRCA 2 genes				
Breast Cancer Gene Expression Assays Oncotype DX Endopredict Mammaprint	81519 - Oncotype 81599 - Endopredict 81521 - Mammaprint	MCG A-0532 Breast Cancer Gene Expression Assays				
Breast Implant Removal	19328, 19330	MHMNC Breast Implant Removal				
Breast Reconstruction Surgery	11920, 11921, 11970, 11971, 15777, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 20926, C1789, L8600, Q4100, Q4116, S2066, S2067, S2068	Always covered for reconstruction following mastectomy for breast cancer diagnosis. All other diagnoses are reviewed for medical necessity versus cosmetic. MHMNC Breast Reconstruction				
Cardiac Rehabilitation	93797, 93798	MCG A-0358 Cardiac Rehabilitation				
Cardiac Defibrillator, External/Wearable	93745, E0617, K0606, K0607, K0608, K0609	MHMNC - Cardiac Defibrillators, External criteria				

Description	CPT/HCPC Codes	Instructions				
Cardiac Event Monitors (Loop recorders and Mobile Outpatient Cardiac Telemetry) (Effective 7/15/2017)	93270, 93271, 93272 (Loop) 93228, 93229 (MOCT) 93264 New code as of 1/1/19 New code as of 1/1/18: 0497T, 0498T	MCG A-0121 Loop records (non-implantable) MHMNC Mobile Outpatient Cardiac Telemetry				
Cardiac rhythm monitor insertion or removal	33285, 33286	Requires review by Medical Director				
Cardiology service including stress tests, echocardiography, diagnostic angiograms, and pacemakers, prior authorization is required with eviCore	eviCore Cardiology diagnostic procedure list	Requests for pacemakers, angiograms, nuclear studies, and echocardiograms are being performed by eviCore at www.eviCore.com				
Carpel Tunnel Release	29848	MCG A-0211 Carpel Tunnel Decompression				
Capsule endoscopy (Wireless)	91110, 91111, 0355T	MCG A-0134 Capsule Endoscopy				
Brineura (Cerliponasa Alfa) (New code as of 1-1-19)	J0567	MHMNC Brineura	Y	Both	PBM	LDD
Cerezyme (Imiglucerase) - New as of 7/1/16	J1786	Requests for the authorization of this drug is provided by Moda. MHMNC Cerezyme (Imiglucerase) - New effective 7/1/16	Y	Both	PBM	LDD
Chelation Therapy - Home Infusion	S9355,	Prior authorization required for medical necessity of the chelation therapy - MCG				
Cinqair (Reslizumab)	J3590 New code as of 1/1/17: J2786	Requests for the authorization of this drug is provided by Moda. MHMNC Cinqair (Reslizumab)	Y	Both	PBM	
Cinryze (C-1 Esterase Inhibitor)	J0598	Requests for the authorization of this drug is provided by Moda. MHMNC Cinryze (C-1 Esterase Inhibitor)	Y	Both	PBM	LDD
Cochlear Implantation/Removal	69930, L8614, L8615, L8616, L8617, L8618, L8619, L8627, L8628, L8629, L8692	Requests for the authorization of this drug is provided by Moda. MHMNC Cochlear Implants and Auditory Brainstem Implants				
Colon Cancer Genetic Testing	81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301	MCG A-0533 Lynch Syndrome				
Cooling Devices	E0218, E0236, E1399	MHMNC Cooling Devices Active Cooling devices (i.e. Game Ready) are not covered				
Continuous Glucose Monitors	95250, K0553, K0554 A9276, A9277, A9278 New code as of 1/1/18: 95249	Requests for the authorization of this drug is provided by Moda. MHMNC Continuous Glucose Monitoring (CGM)				
Corneal Collagen X-linking for treatment of Keratoconus	0402T	Requests for the authorization of this drug is provided by Moda. MHMNC Treatment of Keratoconus (New criteria as of 7/1/2018)				
CPAP/AutoPAP - Authorization required as of 11/15/2017	E0601	MHMNC Obstructive Sleep Apnea Non-surgical Treatment				
Cyramza (Ramucirumab)	C9025 (facility) J9308	MHMNC Cyramza (Ramucirumab)	Y	Both	PBM	LDD
Cystic Fibrosis Genetic Carrier Testing	81220, 81221, 81222, 81223, 81224	MCG A-0597 Cystic Fibrosis - CFTR Gene and Mutation Panel Cystic Fibrosis testing is covered according to the guideline. It is not covered in the context of large multiple gene panel testing for inherited diseases beyond those recommended by ACOG and ACMG .				
Cystourethroscopy with mechanical dilation	New code as of 1/1/18: 0499T	Review for device: MCG S-210 Transurethral Destruction of Lesion				
Crysvita - (burosumab-twza)	J0584 - new code effective 1/1/19	New drug as of 7/6/2018 - Requests for the authorization of this drug is provided by Moda. MHMNC Crysvita (burosumab - twza)	Y	Both	PBM	LDD
Darzalex (daratumumab)	J9999 New code as of 1/1/17: J9145	As of 10/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Darzalex (daratumumab) - New effective 10/1/2016	Y	Both	PBM	LDD
Denosumab (Prolia/Xgeva)	J0897	As of 1/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Prolia/Xgeva (Denosumab)	Y	Both	PBM	
Diabetes Online Intensive Program for Prevention	New code as of 1/1/18: 0488T	New code as of 1/1/18 - need to review for benefit coverage.				
Dynasplint/JAS (or other mechanical stretching device)	E1800, E1801, E1802, E1805, E1806, E1810, E1811, E1818, E1825, E1831	MHMNC Mechanical Stretching Devices				

Description	CPT/HCPC Codes	Instructions				
Echocardiography, transeophageal, transthoracic - eviCore will perform prior authorization request	eviCore cardiology PA list	Requests for echocardiography and cardiac advanced imaging are being performed by eviCore at www.eviCore.com				
Elaprase (Idursulfase)	J1743	Requests for the authorization of this drug is provided by Moda. Other groups contact Moda Health for authorization. MHMNC Elaprase (Idursulfase) - New effective 7/1/16	Y	Both	PBM	LDD
Ellyso (Taglitglucerase Alfa)	J3060	Requests for the authorization of this drug is provided by Moda. Other groups contact Moda Health for authorization. MHMNC Elaprase (Idursulfase) - New effective 7/1/16	Y	Both	PBM	LDD
Empliciti (elotuzumab)	J9999 New code as of 1/1/17: J9176	As of 10/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Empliciti (elotuzumab) - New effective 10/1/2016	Y	Both	PBM	LDD
Entyvio (Vedolizumab)	C9026 (facility) J3380	As of 1/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Entyvio (Vedolizumab)	Y	Both	PBM	
Requests for epidural, facet, medical branch blocks, and SI joint injections will be performed by eviCore.	eviCore Interventional Pain Prior Auth list	Requests for pain injections, advanced imaging are being performed by eviCore at www.eviCore.com				
Erythropoiesis Stimulating Agents (ESAs)	J0881, J0882, J0885, J0888, J0887	Requests for the authorization of this drug is provided by Moda. MHMNC ESAs (erythropoiesis stimulating agents)	Y	Both	PBM	
External Counterpulsation (Enhanced External Counterpulsation - EECP)	G0166, 92971	MCG A-0175 - Enhanced External Counterpulsation (EECP)				
Extracorporeal Membrane Oxygenation (ECMO) or Extracorporeal Life Support (ECLS)	Insertion codes: 33946, 33947, 33948, 33949, 33951, 33952, 33953, 33954, 33955, 33956, 33987, 33988	MCG SG-CVS				
Eylea (afibercept)	J0178	Requests for the authorization of this drug is provided by Moda. MHMNC Orencia (abatacept)	Y	Both	PBM	LDD
Fabrazyme (Agalsidase Beta)	J0180	Requests for the authorization of this drug is provided by Moda. Other groups contact Moda Health for authorization. MHMNC Fabrazyme (Agalsidase Beta) - New effective 7/1/16	Y	Both	PBM	LDD
Facet Neurotomy/Rhizotomy	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 64622, 64623, 64626, 64627, 64633, 64634, 64635, 64636	MCG A-0218 Facet Neurotomy				
Fasenra (benralizumab)	J0517 - new code as of 1/1/19 New code effective 4/1/2018: C9466	Requests for the authorization of this drug is provided by Moda. MHMNC Fasenra (benralizumab)	Y	Both	PBM	LDD
Filgrastim-aafi, biosimilar (Nivestym)	Q5110	As of 10/1/18, Requests for the authorization of this drug is provided by Moda. MHMNC Colony Stimulating Factors: Nivestym (filgrastim-aafi)	Y	Both	PBM	
Fulphila (pegfilgrastim-jmdb, biosimilar) new as of 11/1/2018	Q5108 Q5111 - new code as of 1/1/19	Requests for the authorization of this drug is provided by Moda. MHMNC Colony Stimulating Factors: Fulphila (pegfilgtastim-jmdb)	Y	Both	PBM	
Fusilev (Levoleucovorin calcium)	J0641	As of 1/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Fusilev (levoleucovorin calcium)				
Gazyva (Obinutuzumab)	J9301	Requests for the authorization of this drug is provided by Moda. MHMNC Gazyva (obinutumumab)	Y	Both	PBM	LDD

Description	CPT/HCPC Codes	Instructions				
Gender Reassignment	Multiple CPT codes apply with diagnosis codes for GID Female to Male procedures requiring prior authorization: 19301, 19303, 19304 Reassignment procedures: 54400-54417, 55970, 55980, 56625, 56800, 56805, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 57335 New codes 1/1/2016 - review for gender reassignment: 54437, 54438	MHMNC Gender Reassignment Criteria Covered for all Oregon fully insured groups and individuals. Check member handbook for ASO and Alaska benefit language.				
Genetic Testing - additional codes (BRCA 1 and 2, Cystic fibrosis and Colon Cancer testing are listed separately)	81161, 81200, 81201, 81202, 81203, 81205, 81209, 81210, 81228, 81229, 81235, 81240, 81241, 81242, 81243, 81244, 81246, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81260, 81270, 81280, 81281, 81282, 81288, 81290, 81302, 81303, 81304, 81317, 81318, 81319, 81330, 81331, 81321, 81322, 81323, 81324, 81325, 81326, 81383, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81415, 81416, 81417, 81420, 81425, 81426, 81427, 81430, 81431, 81435, 81436, 81440, 81445, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81519, 81599, 81412, 81432, 81433, 81434, 81437, 81438, 81442, 81535, 81538, 81540, 81545, 81595, 81413, 81414, 81422, 81439, 81539, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81247, 81248, 81249, 81258, 81259, 81269, 81334, 81335, 81361, 81362, 81363, 81364, 81448, 81520, 81541, 81551, New codes as of 1/1/19: 81345, 82642, 81333, 81596, 81518, 81326, 81237, 81233, 81320, 81305, 81443, 83722, 81306, 81171, 81172, 881204, 81173, 81174, 81177, 81178, 81183, 81179, 81180, 81181, 81182, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81234, 81239, 81284, 81285, 81286, 81271, 81274, 81312, 81329, 81336, 81337, 81343, 81344	MCG guidelines for specific genetic tests or MHMNC Genetic Testing Criteria applies				
Genioplasty	21120, 21121, 21122, 21123	MCG SG-HNS Head and Neck Surgery May be included as part of orthognathic surgery, check member handbook. Reviewed for medical necessity versus cosmetic.				
GLASSIA (Alpha 1 Proteinase Inhibitor)	J0256, J0257	Requests for the authorization of this drug is provided by Moda.	Y	Specialty - Medical	PBM	LDD
Granulocyte Colony Stimulating Factors (GCSFs) - Leukine, Neupogen, Neulasta, Grannix	J1442, J1447, J2505, J2820	Requests for the authorization of this drug is provided by Moda. MHMNC GCSFs (Granulocyte Colony Stimulating Factors)	Y	Both	PBM	
Grenz Ray and Laser Treatment of Psoriasis	96900, 96920, 96921, 96922	MCG A-0256 Laser Therapy, Skin				
Halaven (Eribulin Mesylate)	C9280, J9179	Requests for the authorization of this drug is provided by Moda. MHMNC Halaven (Eribulin Mesylate)	Y	Both	PBM	
Hearing Aids/Bone-Anchored Hearing Aids "BAHA"	69710, 69711, 69714, 69715, 69717, 69718	MCG A-0564 Hearing Aids, Bone Anchored Check member handbook. Hearing aids including BAHA may be a plan exclusion				
Hearing Assistive Technology (HATS) new as of 1/1/19	V5267, V5268, V5269, V5270, V5271, V5272, V5273, V5274, V5281, V5282, V5283, V5284, V5285, V5286, V5287, V8288, V5289, V5290	MHMNC- Hearing Assistive Technology - New 1/1/19				
Hemophilia Factors	J7180, J7181, J7182, J7183, J7186, J7187, J7189, J7190, J7191, J7192, J7199	If given by provider - reviewed per Medical MCG - A0451 Antihemophilic Factor	Y	Both	PBM	
Herceptin (trastuzumab)	J9355	Requests for the authorization of this drug is provided by Moda. MHMNC Herceptin (trastuzumab)	Y	Both	PBM	
Hernia Repair	49520, 49521, 49560, 49561, 49565, 49566, 49581, 49570, 49580, 49582, 49585	MCG S-1305 Hernia Repair (Non-hiatal) MCG S-540 Hiatal Hernia Repair, Abdominal MCG S-550 Hiatal Hernia Repair- Transthoracic				
High Density Lipid Profile /cardiac disease screening	82163, 82472, 83695, 83698, 83700, 83701, 83704, 83718, 83719, 83090	MHMNC - Cardia Disease Screening Lipid Profile				

Description	CPT/HCPC Codes	Instructions				
Hip Replacement/Revision Surgery obtained through eviCore for members	eviCore MSK Joint PA list.pdf	Requests for hip replacements/revisions are being performed by eviCore at www.eviCore.com				
Home Ventilator	E0450, E0460, E0461, E0463, E0464, E0465, E0467	MCG A-0343 Oxygen Therapy, Continuous and Noncontinuous: Home				
Hospital Beds - Semi-electric, full electric, extra wide beds	E0260, E0261, E0265, E0266, E0270, E0294, E0295, E0296, E0297, E0300, E0301, E0302, E0303, E0304, E0328, E0329	MHMN Hospital Bed and Accessories				
Hydroxyprogesterone Caproate (Makena) No Prior authorization required as of 12/15/2017	No prior authorization required as of 12/15/2017	MHMNC Hydroxyprogesterone Caproate criteria - Criteria retired - prior authorization no longer required	Y	Both	PBM	LDD
Hyperbaric Oxygen Therapy (HBOT)	G0277	MHMNC Hyperbaric Oxygen Therapy				
Ilaris (canakinumab)	J0638	Contact Moda Health for authorization. MHMNC Ilaris® (canakinumab)	Y	Both	PBM	LDD
Ilumya (tildrakizumab-asmn)	J3245 - new code as of 1/1/19	Contact Moda Health for authorization.	Y	Both	PBM	
IMYLYGIC (Talinogene laherparepvec)	New code as of 1/1/17: J9325	Contact Moda Health for authorization. MHMNC Imlygic (Talinogene laherparepvec)	Y	Both		
Imfinzi (durvalumab) new as of 7/1/2017	J9173 - new code as of 1/1/19	Requests for the authorization of this drug is provided by Moda.	Y	Both	PBM	LDD
Inflectra (rituximab-dyyb, biosimilar)	Q5103 Q5109 - new code as of 1/1/19	As of 4/1/2018, Requests for the authorization of this drug is provided	Y	Both	PBM	
INR Monitor, Home Use	G0249	MCG A-0650 Prothrombin Time (INR) Home Monitoring Device				
Interspinous Decompression System (X-STOP)	0171T, 0172T	As of 10/1/16, this will be no longer covered and considered investigational. MHMNC Interspinous Decompression Systems				
Intraoperative Neurophysiologic Monitoring	95940, 95941, G0453	Prior authorization is not required, however, medical necessity will be reviewed in claims. MHMNC Intraoperative Neurophysiologic Monitoring				
Intravenous Immune Globulin New drug included as of 1/1/2017	C9270, J1557, J1562, J1599, 90281, 90283, 90284 J1459, J1556, J1559, J1561, J1566, J1568, J1569, J1572, J1575	Contact Moda Health for authorization. MHMNC Intravenous Immune	Y	Both	PBM	
IXEMPRA (Ixabepilone)	J9207	Requests for the authorization of this drug is provided by Moda. MHMNC IXEMPRA (Ixabepilone) - New effective 7/1/16				
Kadcyla	J9354	Requests for the authorization of this drug is provided by Moda. MHMNC Kadcyla	Y	Both	PBM	LDD
Kalbitor (ecallantide)	J1290	As of 1/1/16, Requests for the authorization of this drug is provided by Moda.	Y	Both	PBM	LDD
Kanuma (sebelipase alfa)	J3590/C9478 New code as of 1/1/17: J2840	As of 10/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Kanuma (sebelipase alfa) - New effective 10/1/2016	Y	Both	PBM	LDD
Keytruda (Pembrolizumab)	J9271 C9027 (facility)	As of 1/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Keytruda (Pembrolizumab)	Y	Both	PBM	
Knee Arthroscopy	29868, 29870, 29871, 29873, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889	Prior authorization via eviCore				
Knee Cartilage Transplant	27412, 27415, 29866, 29867, 29868, J7330	MHMNC Knee Cartilage Transplant Criteria				
Knee Replacement/Revision Surgery	27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487	MCG S-700 Knee Arthroplasty, Total Medical necessity review required for all fully insured groups and individuals. Some ASO groups do not require prior authorization. Check the member handbook.				
Knee surgeries including knee replacements and arthroscopies	eviCore Joint Surgery prior auth list	Requests for knee replacement and arthroscopies are being performed by eviCore Guidelines available at: www.evicore.com				

Description	CPT/HCPC Codes	Instructions				
Krystexxa	J2507	As of 4/1/2017, Requests for the authorization of this drug is provided by Moda. MHMNC Krystexxa	Y	Both	PBM	
Kymriah (tisagenlecleucel) - Effective 11/1/2017	New code effective 1/1/19: Q2042	Requests for the authorization of this drug is provided by Moda. If given inpatient, authorization must be obtained prior to inpatient admission	Y	Medical only/ MD obtained	MD only	LDD
Kyphoplasty/Vertebroplasty	22510, 22511, 22512, 22513, 22514, 22515	MHMNC Kyphoplasty/Vertebroplasty				
Kyprolis	J9047	Requests for the authorization of this drug is provided by Moda. MHMNC Kadcyla	Y	Both	PBM	LDD
Lartruvo (olaratumab)	New code as of 1/1/2018: J9285 J9999 C9485 - Facility only code	As of 4/1/2017, Requests for the authorization of this drug is provided by Moda. MHMNC Lartruvo	Y	Both	PBM	LDD
Laser Treatment - Derm/skin lesions	17106, 17107, 17108, 17110, 17111 As of 1/1/2018 - no prior authorization required for: 17000, 17003, 17004	Reviewed for medical necessity vs cosmetic May be used with gender reassignment procedures MHMNC Treatment/Removal Benign Skin Lesions				
Lemtrada (alemtuzumab)	New codes effective 1/1/16 J0202	Requests for the authorization of this drug is provided by Moda. Other groups contact Moda Health for authorization.	Y	Both	PBM	LDD
Left Ventricular Assist Device (LVAD) and Total Artificial Heart Implantation	33979, 33980, 33981, 33982, 33983, 33990, 33991 New codes as of 1/1/18: 33927, 33928, 33929	MCG - SG-CVS Cardiovascular Surgery or Procedure				
Lift Chairs	E0627	MCG A-0350 Lift Chairs				
Lipectomy	15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15878, 15879	Reviewed for medical necessity versus cosmetic				
Low Air Loss Products (i.e. air mattresses)	E0181, E0182, E0184, E0185, E0186, E0187, E0193, E0194, E0196, E0197, E0198, E0199,	MCG A-0348 Mattress and Mattress Overlay, Active (Dynamic)				
Low Dose CT scan for Lung Cancer Screening	71250, G0297	Groups who do not utilize eviore services refer to - MHMNC Lung Cancer Screening				
Lumizyme (Alglucosidase alfa)	J0221	Requests for the authorization of this drug is provided by Moda. MCG A-0458 Alglucosidase alfa MHMNC Lumizyme	Y	Both	PBM	LDD
Lung Volume Reduction Surgery/Pneumonectomy/Lung removal	32480, 32482, 32484, 32486, 32488, 32491	MCG SG-TS Thoracic Surgery				
Luxturna (voretigene neparovec-rzyl)	J3590 New code as of 7/1/18 - facility only C9032 New code as of 1/1/19 J3398	Beginning 1/18/19 authorization is completed by Moda Health MHMNC Luxturna (voretigene neparovec-rzyl)	Y	Both	PBM	LDD
Lymphedema Pump	E0650, E0651, E0652, E0655, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676	MCG A-0340 Intermittent Pneumatic Compression with Extremity Pump				
Macugen	J2503	Requests for the authorization of this drug is provided by Moda. MHMNC Macugen	Y	Both	PBM	LDD
Marqibo (Vincristine liposomal)	J9371	As of 1/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Marqibo (vincristine)		Medical		
Mastectomy	19301, 19302, 19303, 19304, 19307, 19305, 19306	MCG S-862 Mastectomy, complete with insertion of breast prosthesis S-860 Mastectomy complete, S-864 Mastectomy, complete with tissue flap, S-858 Mastectomy, Partial				
Mepsevii (vestronidase alfa-vjkb)	J3397- new code as of 1/1/19	As of 2/1/18, Requests for the authorization of this drug is provided by Moda. MHMNC Mepsevii (vestronidase alfa-vjkb)	Y	Both	PBM	LDD
Monitored Anesthesia for Routine Endoscopic Procedures	00740, 00810 New Codes as of 1/1/18: 00731, 00811, 00812, 00813	Medical necessity review is required and can be completed pre-service or upon claim submission. MHMNC Anesthesia for Routine Endoscopic Procedures				
Multiple Sleep Latency Test	95805	MHMNC Obstructive Sleep Apnea Non-surgical Treatment				
Muscle Stimulator/Electrical Stimulation Devices including Functional Electrical Stimulators	64565, 64580, E0744, E0745	MHMNC Electrical Stimulation Devices				

Description	CPT/HCPC Codes	Instructions				
Mylotarg (gemtuzumab ozogamicin) Effective 11/1/2017	J9999	Requests for the authorization of this drug is provided by Moda. MHMNC Mylotarg effective 11/1/17	Y	Both	PBM	LDD
Naglazyme	J1458	Requests for the authorization of this drug is provided by Moda. MHMNC Naglazyme	Y	Both	PBM	LDD
Negative Pressure Wound Therapy	A6000, A6550, E0231, E0232, E2402, 97605, 97606, 97607, 97608	MHMNC Negative Pressure Wound Therapy				
Non-invasive prenatal testing	81420, 81507, 0009M (added as of 7/1/17)	MCG A-0724 Noninvasive Prenatal Testing - Cell-Free Fetal DNA				
NPLATE (Romiplastin)	J2796	Requests for the authorization of this drug is provided by Moda. MHMNC NPLATE (Romiplastin) - New effective 7/1/16	Y	Both	Usually done at md	LDD
Nucala (mepolizumab)	J3590 New code as of 1/1/17: J2182	Requests for the authorization of this drug is provided by Moda. MHMNC Nucala (mepolizumab) - New effective 10/1/2016	Y	Both	PBM	LDD
Ocrevus (ocrelizumab)	J2350	Requests for the authorization of this drug is provided by Moda. MHMNC Ocrevus (ocrelizumab) - New effective 4/1/2017	Y	Both	PBM	LDD
Onivyde (Irinotecan liposome injection)	J9999 New code as of 1/1/17: J9205	Requests for the authorization of this drug is provided by Moda. MHMNC Onivyde (Irinotecan liposome injection) - New effective 10/1/2016	Y	Both	PBM	LDD
Onpatro (patisiran lipid complex) IV	C9036 - new effective 11/2018	New as of 11/2018 - Requests for the authorization of this drug is provided by Moda. MHMNC Onpatro	Y	Both	PBM	LDD
Opdivo (Nivolumab)	J9299, C9453- facility only	As of 1/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Opdivo (Nivolumab)	Y	Both	PBM	
Orencia (Abatacept)	J0129	Requests for the authorization of this drug is provided by Moda. MHMNC Orencia (abatacept)	Y	Both	PBM	
Orthognathic Services	21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21244, 21245, 21246, 21247, 21248, 21249, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950,	Check member handbook as may be a benefit exclusion. MCG A-0247 Mandibular Osteotomy MCG A-0248 Maxillomandibular Osteotomy and Advancement				
Orthosis, Spinal	L0450, L0452, L0454, L0456, L0458, L0460, L0462, L0464, L0466, L0468, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0490, L0491, L0492, L0621, L0623, L0625, L0626, L0627, L0628, , L0629, L0630, L0631, L0632, L0633, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0710, L1000, L1001, L1005, L1010, L1020, L1025, L1030, L1040, L1050, L1060, L1070, L1080, L1085, L1090, L1100, L1110, L1120, L0970, L0972, L0974, L0976, L1200, L1210, L1220, L1230, L1240, L1250, L1260, L1270, L1280, L1290, L0999, L1499, L4000	MHMNC Durable Medical Equipment (DME) General Policy				
Orthosis, Shoulder, wrist, hand	L3650, L3660, L3670, L3671, L3675, L3677, L3960, L3961, L3962, L3966, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3806, L3807, L3808, L3900, L3901, L3904, L3905, L3906, L3908, L3912, L3913, L3915, L3917, L3919, L3919, L3921, L3923, L3925, L3927, L3929, L3931, L3933, L3935	MHMNC Durable Medical Equipment (DME) General Policy				
Orthotics	L0622, L0624, L1300, L1310, L1600, L1610, L1620, L1630, L1640, L1650, L1652, L1660, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1820, L1830, L1831, L1832, L1834, L1836, L1840, L1843, L1844, L1845, L1846, L1850, L1860, L1900, L1902, L1904, L1906, L1907, L1910, L1920, L1930, L1932, L1940, L1945, L1950, L1951, L1960, L1970, L1971, L1980, L1990, L2000, L2005, L2010, L2020, L2030, L2034, L2035, L2036, L2037, L2038, L2040, L2050, L2060, L2070, L2080, L2090, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2180, L2182, L2184, L2186, L2188, L2190, L2192, L2200, L2210, L2220, L2230, L2240, L2250, L2260, L2265, L2270, L2275, L2280, L2300, L2310, L2320, L2330, L2335, L2340, L2350, L2360, L2370, L2375, L2380, L2385, L2387, L2390, L2395, L2397, L2405, L2415, L2425, L2430, L2492, L2500, L2510, L2520, L2525, L2526, L2530, L2540, L2550, L2570, L2580, L2600, L2610, L2620, L2622, L2624, L2627, L2628, L2630, L2640, L2650, L2750, L2755, L2760, L2768, L2780, L2785, L2795, L2800, L2810, L2820	MHMNC Ankle/Foot or Knee Orthotics				

Description	CPT/HCPC Codes	Instructions				
Orthotics (section 2)	L3702, L3710, L3720, L3730, L3740, L3760, L3762, L3763, L3764, L3765, L3766, L3956, L3980, L3982, L3984, L3995, L3999 L4002, L4010, L4020, L4030, L4040, L4045, L4050, L4055, L4060, L4070, L4080, L4090, L4100, L4110, L4130, L4205, L4210, L4350, L4360, L4361, L4370, L4370, L4380, L4386, L4392, L4396	MHMNC Ankle/Foot or Knee Orthotics				
Oxygen - portable	E1390, E0477	MCG A-0343 Oxygen Therapy, Continous and Noncontinuous: Home				
Pain Pump Insertion - Epidural / Intrathecal	62350, 62351, 62360, 62361, 62362	MCG A-0420 Intrathecal Pump Implantation				
Panniculectomy	15830	MHMNC Abdominoplasty/Panniculectomy				
Pediatric Wheelchairs	E1011, E1014, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E2291, E2292, E2293, E2294, K0890, K0891	MHMNC Wheelchairs Manual, Wheelchairs Power				
Pegloticase	J2507	MCG A-0674 Pegloticase	Y	Both	PBM	
Perjeta	J9306	Requests for the authorization of this drug is provided by Moda. MHMNC Perjeta	Y	Both	PBM	LDD
PET Scans	eviCore Advanced Imaging code list	Requests for PET scans are being performed by eviCore Guidelines available at: www.evicore.com				
Peyronie's disease surgery/injections	54200, 54205, 54300, 54360	MCG SG-US				
Portrazza (Necitumumab)	J9999 New code as of 1/1/17: J9295	As of 10/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Portrazza (Necitumumab) - effective 10/1/2016	Y	Both	PBM	LDD
Port Wine Stain Treatment	17106, 17107, 17108	MCG SG-MS Musculoskeletal Surgery				
Poteligeo (mogamulizumab-kpkc)	C9038 - new effective 11/2018	New as of 11/2018 Requests for the authorization of this drug is provided by Moda. MHMNC Poteligeo	Y	Both	MD can order or PBM	
Power Operated Vehicle (POV), Scooters	K0800, K0801, K0802	MHMNC Wheelchairs Power				
Power and Manual Wheelchair Accessories	E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2310, E2311, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2374, E2375, E2376, E2377, E1016, E1018, E2351, E2368, E2369, E2370, E0985, E1015, E1017, E1030, E1225, E1226, E2231, E2619, E1399, K0108, E0950, E2603, E2604, E2605, E2606, E2607, E2608, E2609, K0037, K0734, K0735, K0736, K0737, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2620, E2621,	MHMNC Wheelchairs Accessories and Options				
Power Wheelchair Accessories	E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E2310, E2311, E2313, E2321, E2322, E2325, E2326, E2327, E2328, E2329, E2330, E2374, E2375, E2376, E2377, E1012, E1016, E1018, E2351, E2368, E2369, E2370, K0108, E1399	MHMNC Wheelchairs Accessories and Options				
Power Wheelchair Bases	K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0864	MHMNC Wheelchairs - Power				
Proleukin (aldesleukin, IL-2) (effective as of 12/1/2017)	J9015	MHMNC Proleukin (Aldesleukin, IL-2)				
Prosthetic (including Maxillofacial)	D5911 - D5999, L5000 - L5999, L6000 - L6999, L7000 - L7999, L8000 - L8698 - L8702, L8901, L9000 - L9900, V2623 - V2629, V5095 New codes as of 1/1/17: L1851, L1852	MHMNC Durable Medical Equipment (DME) General Policy				
Proton Beam Therapy	77520, 77522, 77523, 77525	MCG A-0389 Proton Beam Therapy				
Provenge (Sipuleucel-T)	Q2043, C9273	Requests for the authorization of this drug is provided by Moda. MHMNC Provenge (Sipuleucel-T)	Y	Medical only/ MD obtained	MD only	LDD

Description	CPT/HCPC Codes	Instructions				
Radicava (edaravone) new as of 7/1/17	Q2040 New code as of 1/1/19 J1301	Requests for the authorization of this drug is provided by Moda. MHMNC Radicava (edaravone) - New effective 7/1/2017	Y	Both	PBM	
Rebetron (Interferon)	J9214, J9213	MCG A-0309 Interferon and Peginterferon Self-injectable authorized by pharmacy	Y	Both	PBM	
Reclast / Zometa/Pamidronate (Zoledronic Acid)	J3489, J2430, J1740	Requests for the authorization of this drug is provided by Moda. Other groups contact Moda Health for authorization MCG A-0294 Biphosphonate, Intravenous New as of 7/1/16 - MHMNC Zometa/Reclast (zoledronic acid)	Y	Both	PBM	
Rectal Control System	A4563	Requires review by Medical Director				
Remicade Infusion (Infliximab)	J1745 New code as of 7/1/16: Q5102 - biosimilar reviewed by Moda Health	Requests for the authorization of this drug is provided by Moda. MHMNC Remicade (Infliximab)	Y	Both	PBM	
Renflexis (infliximab-abda) new as of 7/1/17	New code as of 4/1/2018: Q5104	Requests for the authorization of this drug is provided by Moda. MHMNC Renflexis (infliximab-abda) - New effective 7/1/2017	Y	Both	PBM	
Rituxan (Rituximab)	J9312	Requests for the authorization of this drug is provided by Moda. MHMNC Rituxan	Y	Both	PBM	
Rituxan Hycela (Rituximab and hyaluronidase)	J9311 New code as of 1/1/19 New Code as of 4/1/2018: C9467	As of 1/1/18, Requests for the authorization of this drug is provided by Moda. MHMNC Rituxan Hycela	Y	Both	PBM	
Ruconest (C-1 esterase Inhibitor)	J0596	Requests for the authorization of this drug is provided by Moda. Other groups contact Moda Health for authorization. MHMNC Ruconest (C-1 Esterase Inhibitor - recominant) - New effective 7/1/16	Y	Both	PBM	LDD
Sandostatin	J2353	Requests for the authorization of this drug is provided by Moda. MHMNC Sandostatin	Y	Both	PBM	
Scar revision (includes Kenalog injections)	11900, 11901, 15786, 31830	MCG SG-GS General Surgery or Procedure				
Simponi Aria	J1602	Requests for the authorization of this drug is provided by Moda. MHMNC Simponi Aria	Y	Both	PBM	
Self-Injectables	J0170, J0881, J1825, J1830, Q2010, J1438, Q0136, Q9920, Q9940, J0885, J3030, J9212, J1820, J2820,	As of 1/1/16 - self- injectables are authorized by Moda Health Pharmacy - contact Pharmacy Customer Service @ 888.361.1610				
Shoulder Replacement (Arthroplasty) and shoulder surgeries	eviCore Joint Surgery prior auth list	eviCore guidelines for shoulder surgeries are located at: www.eviCore.com				
Skin Substitutes - Bioengineered Tissue Grafts	Q4100, Q4101, Q4102, Q4104, Q4105, Q4106, Q4107, Q4112, Q4116, Q4122, Q4128, Q4130, Q4131, Q4132, Q4133, Q4145, Q4186, Q4187, Q4189, Q4190, Q4195, Q4196, Q4197,	MHMNC Skin Substitutes - Tissue Engineered Please see "Always Not Covered List" for additional Skin Substitute codes				
Sleep Studies - Polysomnogram In lab	95807, 95808, 95810, 95811, 0203T, 0204T	Authorization required for all fully insured groups and individuals. Check member handbook for ASO groups MHMNC Obstructive Sleep Apnea Non-surgical Treatment				
Soliris (Eculizumab)	J1300	As of 1/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Soliris (eculizumab)	Y	Both	PBM	LDD

Description	CPT/HCPC Codes	Instructions				
Specialty Drugs	J0178, J2503, J2778, J2820, J2469, J9264, J9035, J9055, J9033, J9310, J9355, J1440, J1441, J1442, J2505, J2820, J0881, J0885, J1745, J0129, J2323, Q2043, J9041, J9303, J9305, J3262, J1556, J1572, J1557, J1566, J1568, J1569, J1561, J9179, J1559, J9043, J9354, J9047, J1568, J9306, J1459, J2353, J1602, J3357, J9262, J9228, J9400 New Drugs as of 1/1/16 J0490, J0585, J0586, J0587, J0588, J0597, J0598, J1290, J0800, J0897, J1300, J1447, J1599, J0942, J9302, J9371, J3380, J9308, J9271, J9299 New Drugs as of 7/1/16 - J9032, J9039, J1786, J1743, J3060, J0180, J1575, J9207, J0202, J2796, J3489, J0596, J2860, J1322, J2357, Q5101 New drugs as of 10/1/2016 J9999 or J3590 for: Bendeka, Cinqair, Darzalex, Emlipicit, Kanuma, Nucala, Onivyde, Portrazza, Tecentriq	Refer to WelldyneRx.				
SPECT Scans - Non Cardiac	78205, 78206, 78320, 78607, 78647, 78710, 78803, 78807	Prior authorization via eviCore				
Spinal Surgery	eviCore Spine Surgery Prior auth list	Authorization for members are obtained through eviCore. Guidelines are available at: www.evicore.com				
Spinal Cord Stimulator (implantable neurostimulator electrode, radiofrequency transmitter - external or peripheral nerve stim)	eviCore Interventional Pain prior authorization list	Authorization for members are obtained through eviCore. Guidelines are available at: www.evicore.com				
Spinrazza (nusinersen)	New code as of 1/1/18: J2326 J3490 C9489 - Facility code only	Contact Moda Health Pharmacy team for authorization. MHMNC Spinrazza (nusinersen)	Y	Both	PBM	LDD
Standers/Standing Frames	E0637, E0638, E0641, E0642	www.evicore.com				
Stelara	J3357, Q9989 New code as of 1/1/18: J3358	Requests for the authorization of this drug is provided by Moda. MHMNC Stelara	Y	Both	PBM	
Stereotactic Radiosurgery / Radiotherapy	20982, 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77422, 77423, 77432, 77435, 77520, 77522, 77523, 77525, G0173, G0251, G0339, G0340, 0169T	MCG A-0423 Stereotactic Radiosurgery MCG A-0718 Radiofrequency Ablation of Tumor				
Sustol	New code as of 1/1/2018: J1627 J3490 (Unclassified) C9486 - Facility only code	Requests for the authorization of this drug is provided by Moda. MHMNC Sustol (granisetron)	Y	Both	PBM	
Sylvant (Siltuximab) New 1/1/16	New code effective 1/1/16 J2860	Contact Moda Health for authorization. MHMNC Sylvant (Siltuximab)	Y	Both	PBM	LDD
Synagis for RSV	90378	MCG A-0320 Palivizumab	Y	Both	PBM	LDD
Synribo	J9262	Requests for the authorization of this drug is provided by Moda. MHMNC Synribo	Y	Both	PBM	
Tecentriq (atezolizumab)	New code as of 1/1/18: J9022 J9999 C9483 - Facility only code	As of 10/1/16, Requests for the authorization of this drug is provided by Moda. MHMNC Tecentriq (atezolizumab) - New effective 10/1/2016	Y	Both	PBM	LDD
Tissue Transfer or Rearrangement	14301, 14302	MCG				
Thoracic Sympathectomy (for diagnosis of Hyperhidrosis)	32664	MCG S-1072 Sympathectomy by Thoracoscopy or Laparoscopy				
TMJ Splints	21085, 21089, 21100, 21110	MHMNC TMJ Treatment				

Description	CPT/HCPC Codes	Instructions				
TMJ Surgeries	29800, 21240, 21242, 21243, 29804	MCG - A-0523 - TMJ Joint Arthroplasty A-0492 - TMJ Arthroscopy				
Total Joint Surgeries (Elbow, shoulder, ankle, etc) For Total Knee and Total Hip Replacements check specific section	27700, 27702, 27703, 24360, 24361, 24362, 24363, 23470, 23472, 29899	Prior authorization via eviCore				
Transoral Incisionless Fundoplication (TIF) EsophyX	43210	MHMNC - Endoscopic Treatment of GERD				
Tranplants	S2053, S2054, S2055, S2060, S2065, S2150, S2152, 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38240, 38241, 38242, 32850, 32851, 32852, 32853, 32854, 32855, 32856, 33930, 33945, 38230, 38232, 38240, 38241, 44132, 44133, 44135, 44136, 47133, 4135, 47136, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 48160, 48550, 48551, 48552, 48554, 48556, 50300, 50320, 50323, 50325, 50327, 50328,	Review of transplant evaluation and transplant event required.				
Treanda	J9033	Requests for the authorization of this drug is provided by Moda. MHMNC Synribo		Specialty - Medical		
Trogarzo (ibalizumab-uiyk)	J1746 - new code as of 1/1/19	Contact Moda Health for authorization.	Y	Both	PBM	LDD
Tysabri (Natalizumab)	J2323	Requests for the authorization of this drug is provided by Moda. MHMNC Tysabri (natalizumab)	Y	Both	PBM	LDD
Udenyca	Q5111	Contact Moda Health for authorization. MHMNC Udenyca	Y	Both	PBM	
Unlisted Drug Codes	J3490, J3590, J3591, J7999, J9999	MHMNC Ilaris® (canakinumab)				
Urinary Incontinence	64561, 64566, 64555	MHMNC Urinary Incontinence Treatment: Not covered: E0740, 0193T				
Uterine Fibroid Ablation - Transcervical	0404T	MCG A-0718 Radiofrequency Ablation of Tumor				
Uvulopalatopharyngo-plasty (UPPP) / Uvulectomy	42140, 42145, 42160, S2080 New code 8/1/2018: C9749 - may be used with OSA surgery	MHMNC Obstructive Sleep Apnea - Surgical Treatment				
Vagus Nerve Stimulator	61885, 61886, 64553, 64568, 64569, L8680, L8682, L8683, L8685, L8686, L8687, L8788	MHMNC Vagus Nerve Stimulation E/I codes: 0312T, 0313T, 0314T, 0315T, 0316T, 0317T				
Varicose Vein Procedures	36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 37204, 37700, 37718, 37722, 37735, 37760, 37765, 37766, 37780, 37785, 37799, 75894 New codes as of 1/1/17: 36473, 36474 New codes as of 1/1/18: 36482, 36483, 36465, 36466	MCG A-0170, A-0172, A-0174, A-0425				
Vectibix	J9303	Requests for the authorization of this drug is provided by Moda. MHMNC Vectibix	Y	Both	PBM	
Velaglucerase	J3385	MCG A-0654 Velaglucerase	Y	Both	PBM	LDD
Velcade	J9044	Requests for the authorization of this drug is provided by Moda. MHMNC Velcade	Y	Both		
Vimizin (Eosulfase Alfa)	J1322	Moda Health Pharmacy Criteria Requests for the authorization of this drug is provided by Moda. Other groups contact Moda Health for authorization. MHMNC Vimizin (Eosulfase Alfa) - New effective 7/1/16	Y	Both	PBM	LDD
Virtual Colonoscopy (CT Colonography)	74261, 74262, 74263	MHMNC Virtual Colonoscopy				
Viscosupplementation (Hyaluronic Acid - Synvisc, Supartz, Hyalgan, Orthovisc, Euflexxa, Gel-One, Gel-Syn)	J7321, J7322, J7323, J7324, J7325, J7326, J7327 New code effective 1/1/16 J7328, Q9980 New code effective 7/1/16 C9471, New codes effective 1/1/17: J7230, J7322 New code effective 4/1/2018: C9465 New code effective 1/1/2019: J7318, J7329	Contact Moda Health for authorization MHMNC Hyaluronic Acid (Viscosupplementation)	Y	Both	PBM	
Voretigene Neparvocecc-rzyl (Luxturna)	J3398	MHMNC Luxturna	Y	Both	PBM	LDD

Description	CPT/HCPC Codes	Instructions				
Vyxeos (daunorubicin and cytarabine) liposome	J9153	Requests for the authorization of this drug is provided by Moda. MHMNC Vyxeos liposome effective 11/1/17	Y	Both	PBM	
Wheelchairs - Manual Bases	K0003, K0004, K0005, K0006, K0007, K0009					
Xiaflex	J0775	MCG A-0639 Collagenase Injectable		Both	PBM	LDD
Xolair (omalizumab)	J2357	MCG A-0315 Omalizumab Contact Moda Health Pharmacy team for authorization MHMNC - Xolair (omalizumab)	Y	Both		
Yervoy (Ipilimumab)	C9284, J9228		Y	Both	PBM	
Yescarta (axicabtagene ciloleucel)	New code effective 4/1/2018: Q2041	Contact Moda Health for authorization. Drug authorization is required prior to requesting inpatient admission for drug administration.	Y	Both		LDD
Yondelis (Trabectedin)	J9352	Requests for the authorization of this drug is provided by Moda. MHMNC Yondelis (trabectedin)	Y	Both	PBM	LDD
Zaltrap (Ziv-aflibercept)	J9400	Requests for the authorization of this drug is provided by Moda. MHMNC Zaltrap	Y	Both	PBM	LDD
Zarxio (Filgrastim-sndz)	Q5101	Requests for the authorization of this drug is provided by Moda. Other groups contact Moda Health for authorization. MHMNC Zarxio	Y	Both	PBM	